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PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/773.630 TRANSMITTAL Filing Date February 6, 2004 First Named Inventor **FORM** Eric Herbst Art Unit 3751 **Examiner Name** Charles E. Phillips (to be used for all correspondence after initial filing) Attorney Docket Number FOOT100001000 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board 1 Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC **v** Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a **Proprietary Information** After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks RECEIVED Document(s) OIPE/IAP Reply to Missing Parts/ Incomplete Application JUN 13 2005 Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name DeLio & Peterson, LLC Signature Printed name Kelly M. Reynolds Date Rea. No 47,898 June 2, 2005 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Carol M. Thomas

Typed or printed name

Date

June 2, 2005

PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032

FEE TRANSMITTAL For FY 2005  FEE TRANSMITTAL For FY 2005    Application Number   10/773,630   Filing Date   February 6, 2004   First Named Inventor   Eric Herbst   Examiner Name   Charles E. Phillips   Att Unit   3751   Att Unit	U.S. Patent and Trademark Office, U.S. DEPARTMENT OF CO									
FEE TRANSMITTAL For FY 2005    Applicant claims small entity status. See 37 CFR 1.27   TOTAL AMOUNT OF PAYMENT   (\$) 325.00   Attorney Docket No.   FoOT100001000    METHOD OF PAYMENT (check all that apply)					Complete if Known					
FIGH FY 2005    First Named Inventor   Eric Herbst   Examiner Name   Charles E. Phillips					Application Number 10/7			773,630		
Examiner Name					Filing Date Fe		February 6, 2004			
Applicant claims small entity status. See 37 CFR 1.27	For FY 2005				First Named Inventor Er		Eric Herb	Eric Herbst		
METHOD OF PAYMENT (\$) 325.00   Attomey Docket No.   FOOT100001000	Applicant claims small entity status. See 37 CEP 1 27				Examiner Name C		Charles E	Charles E. Phillips		
METHOD OF PAYMENT (check all that apply)  ✓ Check	Applicant claims small entity status. See 37 GFR 1.27				Art Unit		3751			
Check Credit Card Money Order None Other (please identify):    Deposit Account Deposit Account Number: Q4-Q566   Deposit Account Name: DeLio & Peterson, LLC	TOTAL AMOUNT OF PAYMENT (\$) 325.00				Attorney Docket No. FOOT100001			001000		
Deposit Account Deposit Account Number_04_0566   Deposit Account Name   DeLio & Peterson, LLC	METHOD OF PAYMENT (check all that apply)									
Charge fee(s) indicated below										
Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge any additional fee(s) or underpayments of fee(s)	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
The color of the	Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
Application Type	FEE CALCULATION									
Utility   300   150   500   250   200   100	ŕ	FILING	FEES Small Entity	SEAR	<b>Small Entity</b>		Small I	<u>Entity</u>	Fees Paid (\$)	
Design   200   100   100   50   130   65									1 000 1 4.4 141	
Plant   200   100   300   150   160   80	· ·						_			
Reissue	•									
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							_			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20. Indep. Claims  Extra Claims Fee (\$) Fee Paid (\$)  To or HP = 2 x 100.00 Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 20. Indep. Claims  Fee (\$) Fee Paid (\$)  To or HP = 2 x 100.00 = 200.00  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof  - 100 = (round up to a whole number) x = Fee Paid (\$)										
5 - 3 or HP = 2 x 100.00 = 200.00  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets	Fee Description         Fee (\$)         Fee (\$)           Each claim over 20 (including Reissues)         50         25           Each independent claim over 3 (including Reissues)         200         100           Multiple dependent claims         360         180           Total Claims         Extra Claims         Fee (\$)         Fee Paid (\$)          35 20 or HP =								Fee (\$) 25 100 180 endent Claims	
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):  SUBMITTED BY	5 - 3 or HP = 2 x 100.00 = 200.00  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
SUBMITTED BY	Non-English Specification, \$130 fee (no small entity discount)									
	Other (e.g., late filing	surcharge	e):		· · · · · · · · · · · · · · · · · · ·			·		
	SUBMITTED BY									

(Attorney/Agent) 47,898 Signature Telephone (203) 787-0595 Date June 2, 2005 Name (Print/Type) Kelly M. Reynolds

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.** 



DOCKET:

FOOT100001000

**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Charles E. Phillips Eric Herbst **EXAMINER: INVENTOR:** ) SERIAL NO.: 10/773,630 **ART UNIT:** 3*7*51 ) FILING DATE: February 6, 2004 DATE: June 2, 2005 FOR: **FOOT OPERATED FLUSHING APPARATUS** AND METHOD

## **AMENDMENT**

MAIL STOP AMENDMENT Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Office Action mailed November 17, 2004, please amend the application as follows:

06/13/2005 HVUONG1 00000020 10773630

01 FC:2202 02 FC:2201 125.00 OP